QUALITY IMPROVEMENT COMMITTEE

Solano County Behavioral Health

May 9, 2024

1:30pm – 3:30pm

SOLANO COUNTY
Behavioral Health
Hope, Resilience, Wellness

ANNOUNCEMENTS

❖ **Avatar Users: Solano will be transitioning to Avatar NX in May (Pilot program) and June (all other programs)**

❖ **Opeeka: Solano will be going live with CANS data analysis Opeeka portal in late May or early June**
  ❖ **Will not include CANS LOC**

❖ **Payment Reform**
  - New versions of Medi-Cal Billing Manual to be published in the next 60 days (version 2.0) and 120 days (version 2.1)
  - New FY 24-25 contractor rates have been approved by Solano HSS BH Admin and HSS Fiscal – Contract Managers will communicate this information
  - CBHDA/DHCS joint presentation on 4/29: Payment Reform Fee-for-Service Model – Just a 3-5 year bridge to Value Based, capitated care

QUALITY ASSESSMENT & PERFORMANCE IMPROVEMENT PLAN

QUALITY ASSESSMENT & PERFORMANCE IMPROVEMENT PLAN

I. Cultural Diversity & Equity

II. Wellness & Recovery

III. Beneficiary Satisfaction & Protection

IV. Beneficiary Outcomes & System Utilization

V. Service Timeliness & Access

VI. Performance Improvement Projects

VII. Program Integrity
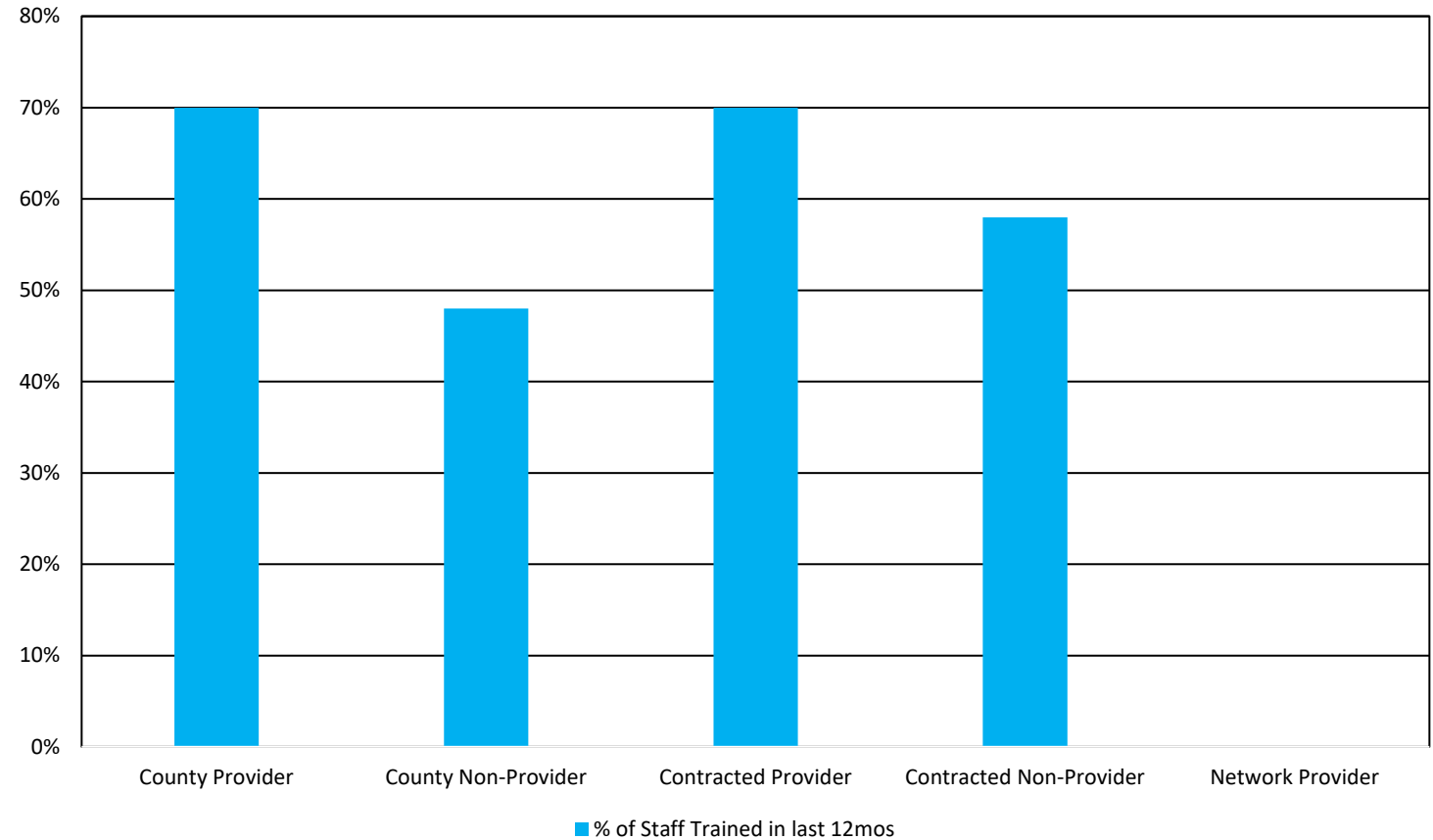
VIII. Quality Improvement

I. CULTURAL DIVERSITY & EQUITY
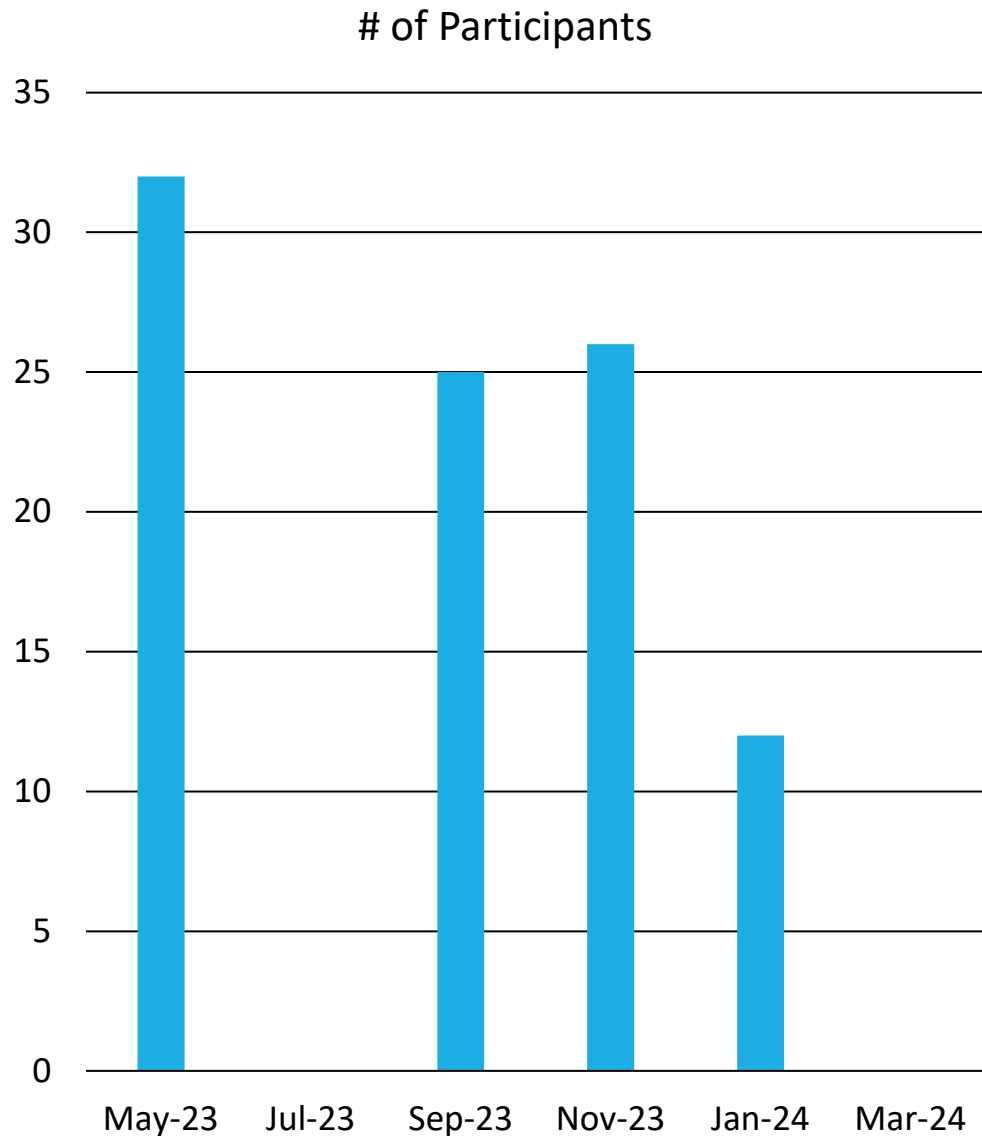
I. CULTURAL DIVERSITY & EQUITY

AG-1: System wide Cultural Competence Training

Goal: Monitor annual training and work toward 100% training compliance for providers and non-providers.

System-Wide Diversity & Equity Training

of Participants

A bar chart titled "# of Participants" with the y-axis ranging from 0 to 35 (in increments of 5) and the x-axis showing months: May-23, Jul-23, Sep-23, Nov-23, Jan-24, Mar-24.

- May-23: ~32
- Sep-23: 25
- Nov-23: 26
- Jan-24: 12

I. CULTURAL DIVERSITY & EQUITY

Diversity & Equity Committee Updates:
- Online Participation Agreement Form
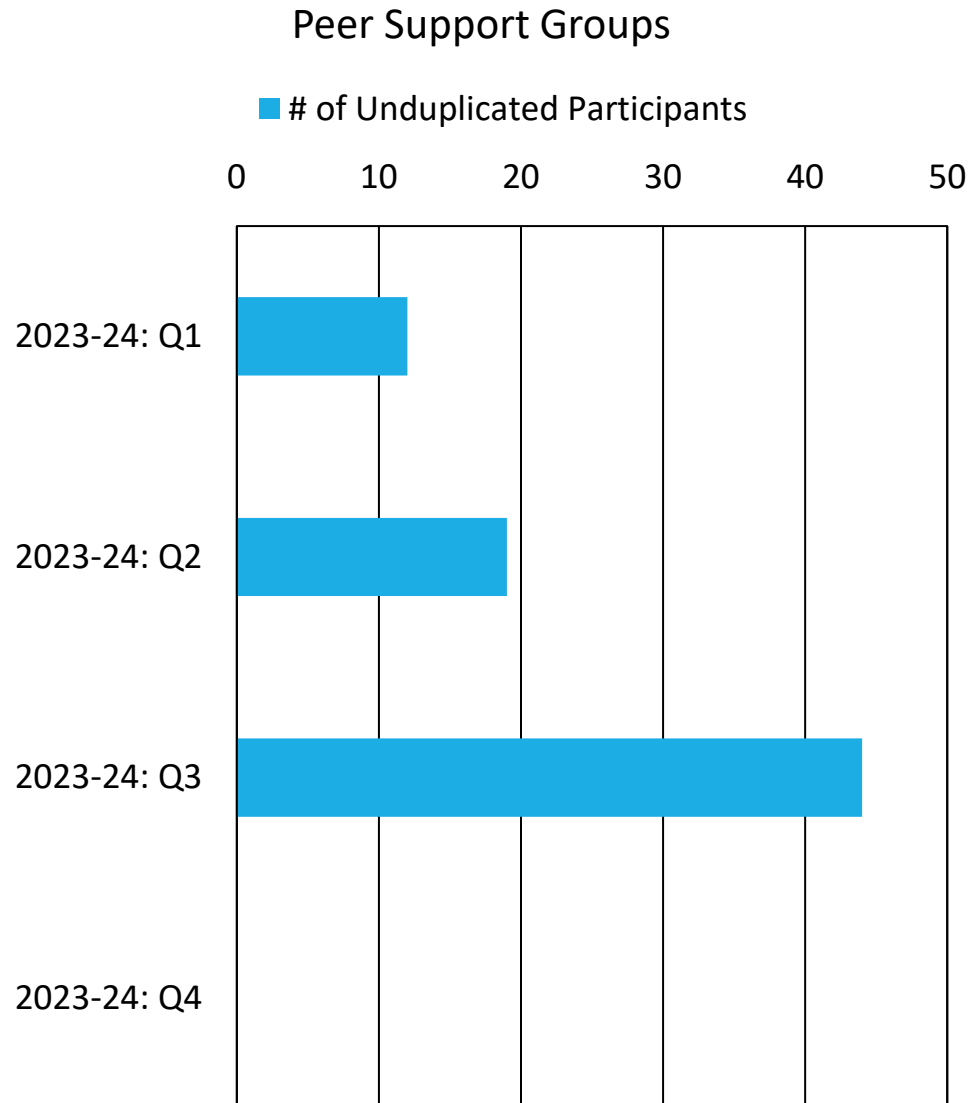- Next Meeting will be held on May 14th from 10am-12pm

Additional SCBH Diversity & Equity Efforts:
- Next Meeting will be held 5/15/2024 from 3pm-4:30pm
  - Will include a LGBTQ+ Youth Equitable Care Presentation by JuDah Joslyn

II. WELLNESS & RECOVERY

Peer Support Groups

■ # of Unduplicated Participants

Bar chart showing # of Unduplicated Participants across quarters:
- 2023-24: Q1 — approximately 12
- 2023-24: Q2 — approximately 19
- 2023-24: Q3 — approximately 44
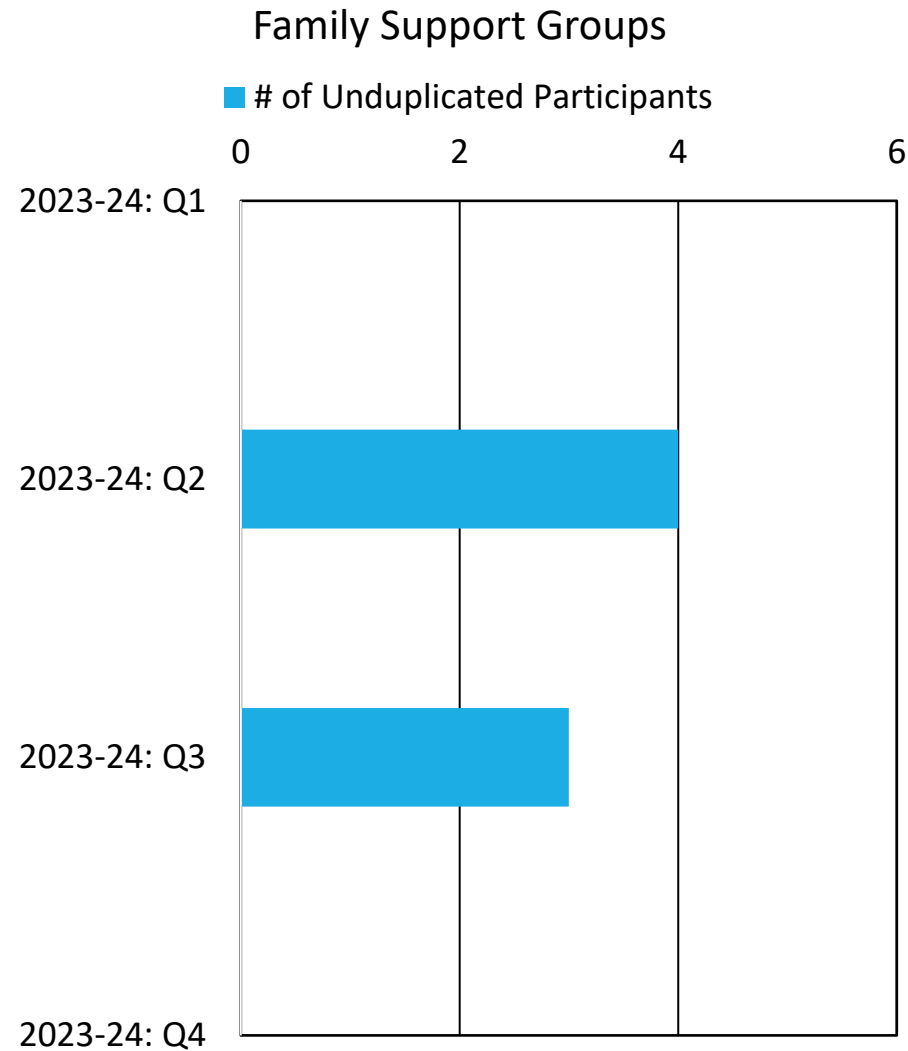- 2023-24: Q4 — no data

X-axis: 0, 10, 20, 30, 40, 50

II. WELLNESS & RECOVERY

AG-1: Provide Support Groups to Adult and Family community members to better support their understanding of their or their loved one's BH challenges and learn effective ways to cope and seek support.

Goal:

- Increase the # of total unique group members who participate quarterly.

- Increase the % of unduplicated participants who respond positively to the quarterly "Quality of Life Outcome Tool" survey items.

Family Support Groups

■ # of Unduplicated Participants

	0	2	4	6
2023-24: Q1				
2023-24: Q2				
2023-24: Q3				
2023-24: Q4				

II. WELLNESS & RECOVERY

AG-1: Provide Support Groups to Adult and Family community members to better support their understanding of their or their loved one's BH challenges and learn effective ways to cope and seek support.

Goal:

- Increase the # of total unique group members who participate quarterly.

- Increase the % of unduplicated participants who respond positively to the quarterly "Quality of Life Outcome Tool" survey items.
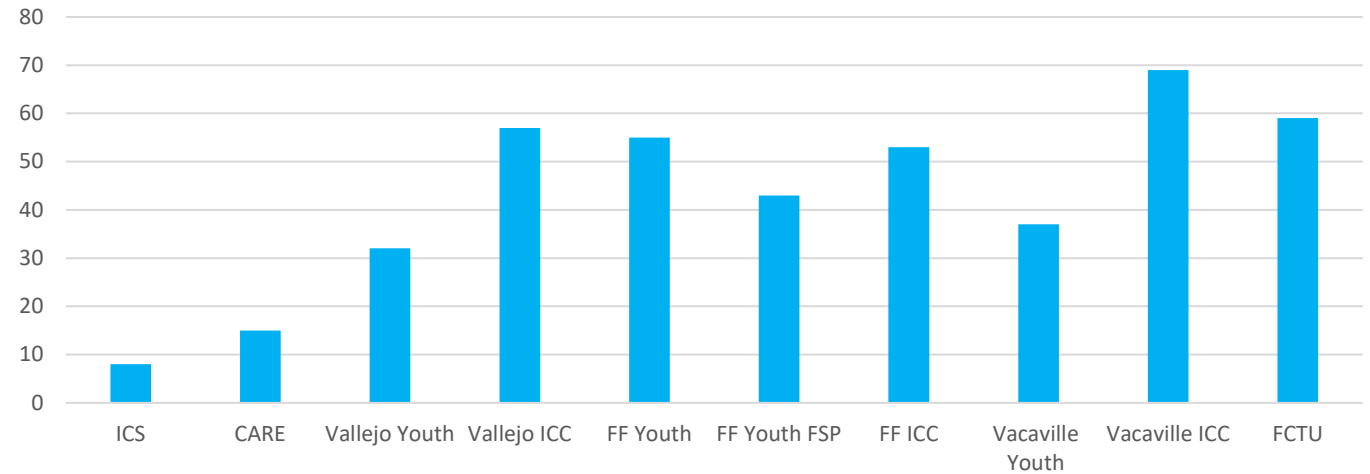
III. BENEFICIARY SATISFACTION & PROTECTION

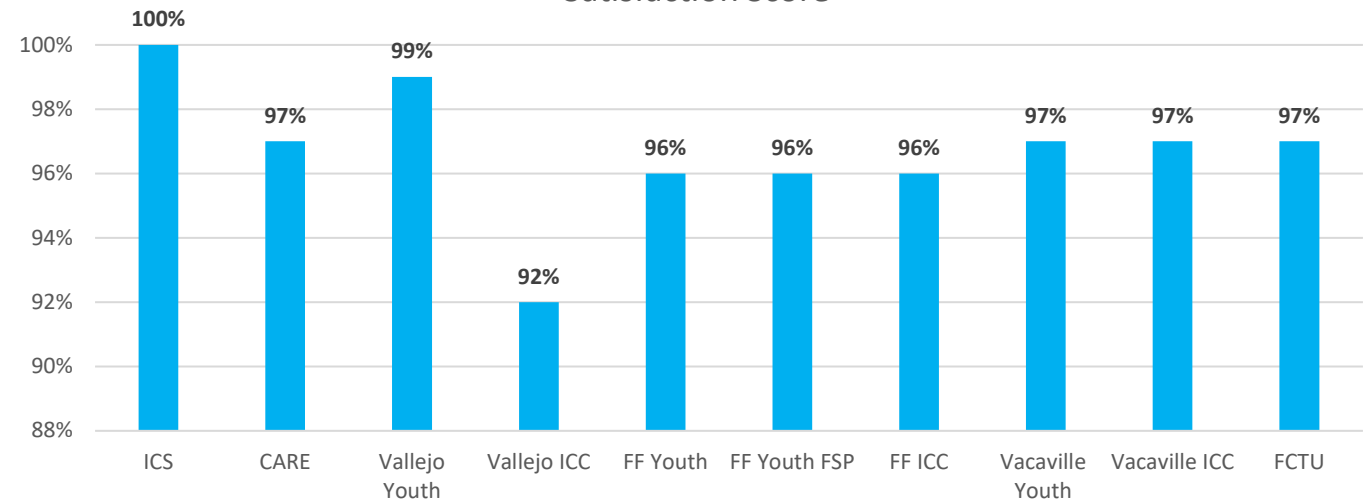# III. BENEFICIARY SATISFACTION & PROTECTION

AG-1: Solano MHP will review survey data from our semiannual Solano MHP Service Verification/Consumer survey to begin to look at survey results per program. Each program will be challenged to set a program specific goal for improvement targeting baseline data from Consumer survey. Post intervention measurement will be compared with baseline data.

Goal: Solano MHP County & Contracted programs will each identify an area of Consumer Satisfaction to improve, develop an intervention & goal to address the area of improvement, & demonstrate improvement from baseline to post-intervention measure.

of Surveys Completed

Satisfaction Score

III. Beneficiary Satisfaction & Protection

Service Verification Client Satisfaction Survey Question	Yes, definitely	Yes, somewhat	No	Not Answered
1. Did the staff explain things in a way that was easy to understand?	95%	4%	--	--
2. Did the staff listen carefully to you?	96%	3%	--	--
3. Did the staff show respect for what you had to say?	96%	3%	--	--
4. Did you feel the staff was respectful of your race/ethnicity?	96%	2%	--	1%
5. Did you feel the staff was respectful of your religion/spirituality?	95%	3%	--	1%
6. Did you feel the staff was respectful of your sexual orientation/gender identity?	95%	2%	1%	2%
	Yes	No, but I'd like one	I don't need one	Not Answered
7. Was an interpreter/bilingual staff provided?	10%	2%	82%	5%
If yes,	Yes, definitely	Yes, somewhat	No	Not Answered
8. Did the interpreter/bilingual staff meet your needs?	10%	1%	1%	83%
	Yes, definitely	Yes, somewhat	No	Not Answered
9. Do you feel better?	69%	23%	2%	0%
10. Would you recommend our services to others?	80%	8%	2%	0%

III. PROBLEM RESOLUTION

QA is working on developing data points to track and examine regarding problem resolution.

DHCS has identified several categories to capture grievances that are submitted to the BHP.

This slide presents the number of grievances submitted per category in Q3 FY23-24.

DHCS Category	Number This Quarter
Related to Customer Service	4
Related to Case Management	5
Access to Care	0
Quality of Care	13
County (Plan) Communication	0
Payment/Billing Issues	0
Suspected Fraud	0
Abuse, Neglect, or Exploitation	1
Lack of Timely Response	0
Denial of Expedited Appeal	0
Filed for Other Reasons	1

IV. BENEFICIARY OUTCOMES & SYSTEM UTILIZATION

IV. BENEFICIARY OUTCOMES & SYSTEM UTILIZATION

AG-2: Maintain or improve the following hospital-related measures.
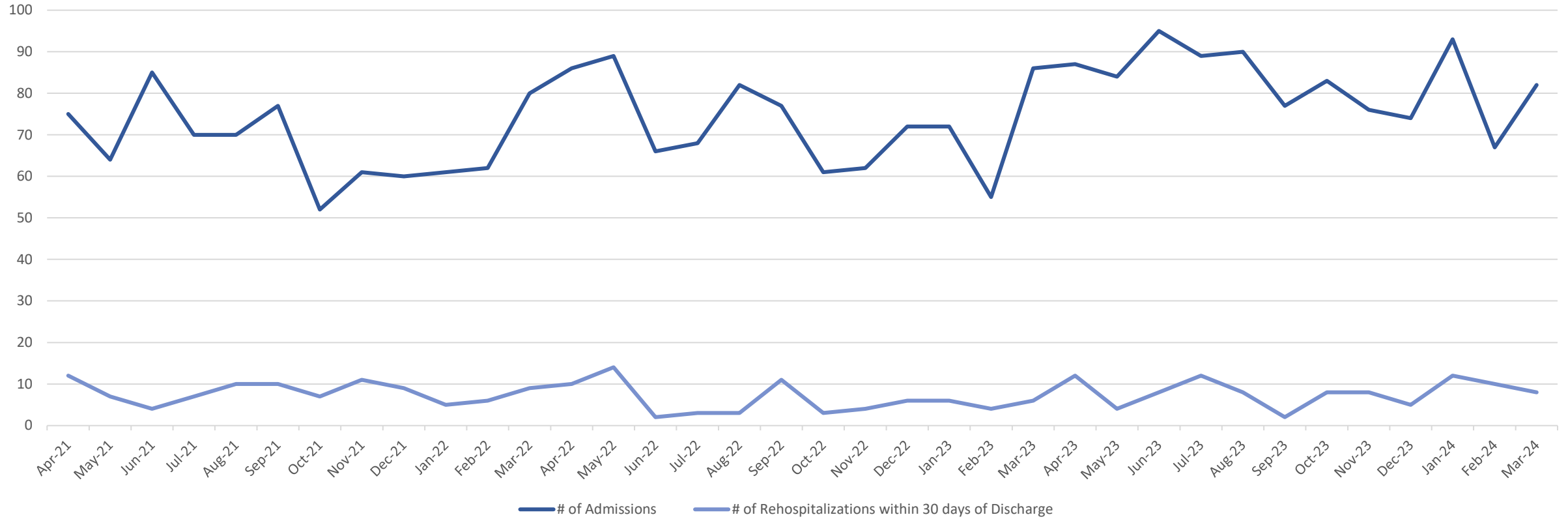
Goal:

- Maintain a monthly average of less than 84 total hospitalizations

- Maintain an average of 17% or less of clients re-hospitalized within 30 days of discharge.

Month	Total Adult Inpatient Hospitalizations	Total Adult Discharges	Total #/% Adult Rehospitalizations w/in 30 days of discharge	
Jan.	93	93	12	19%
Feb.	67	67	10	18%
Mar.	82	71	8	13%
Total	242	231	30	17%

IV. BENEFICIARY OUTCOMES & SYSTEM UTILIZATION

Adult Admissions & Re-Hospitalizations

— # of Admissions   — # of Rehospitalizations within 30 days of Discharge

IV. BENEFICIARY OUTCOMES & SYSTEM UTILIZATION

AG-3: Maintain or improve the following hospital-related measures.

Goal:

- Maintain a monthly average of less than 11 total hospitalizations
- Maintain an average of 10% or less of clients re-hospitalized within 30 days of discharge.

Month	Total Child Inpatient Hospitalizations	Total Child Discharges	Total #/% Child Rehospitalizations w/in 30 days of discharge	
Jan.	10	10	0	0%
Feb.	10	10	2	20%
Mar.	14	14	2	13%
Total	34	34	4	11 %

IV. BENEFICIARY OUTCOMES & SYSTEM UTILIZATION

Youth Admissions & Re-Hospitalizations

— # of Admissions   — # of Rehospitalizations within 30 days of Discharge
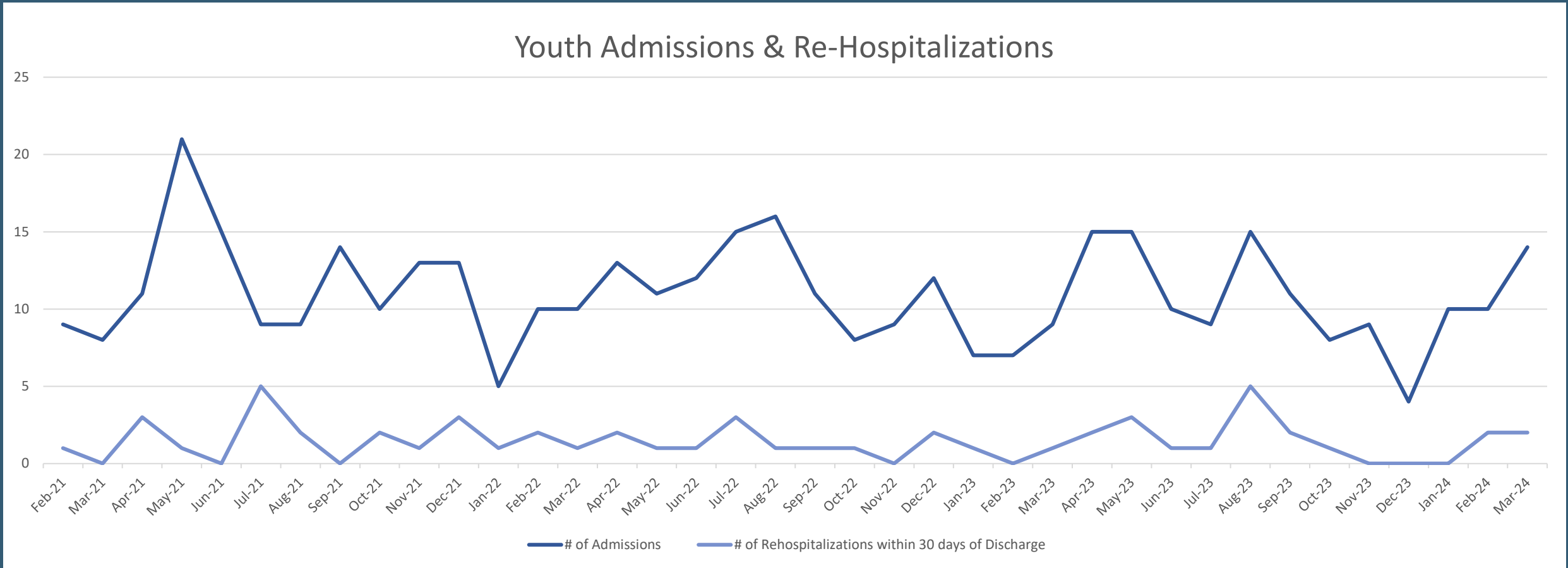
IV. HEDIS MEASURES

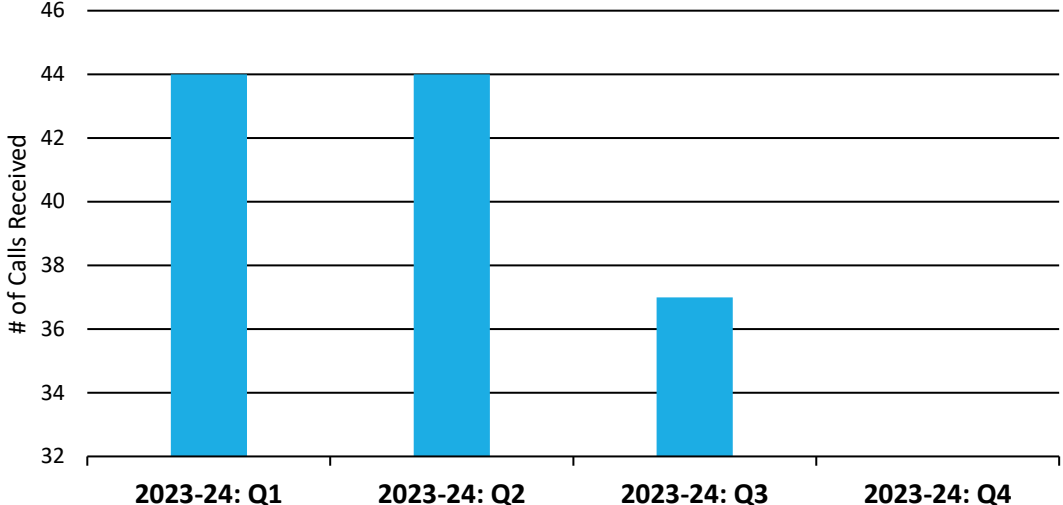| Antidepressant Med Management:								
# of Adults w/ Major Depression Dx treated with Antidepressant	Effective Acute Phase (12 weeks)	Effective Continuation Phase (6 months)	Solano FUH %		California FUH %		*National FUH %	
			12 wk.	6 mo.	12 wk.	6 mo.	12 wk	6 mo
408							60.80%	44.10%

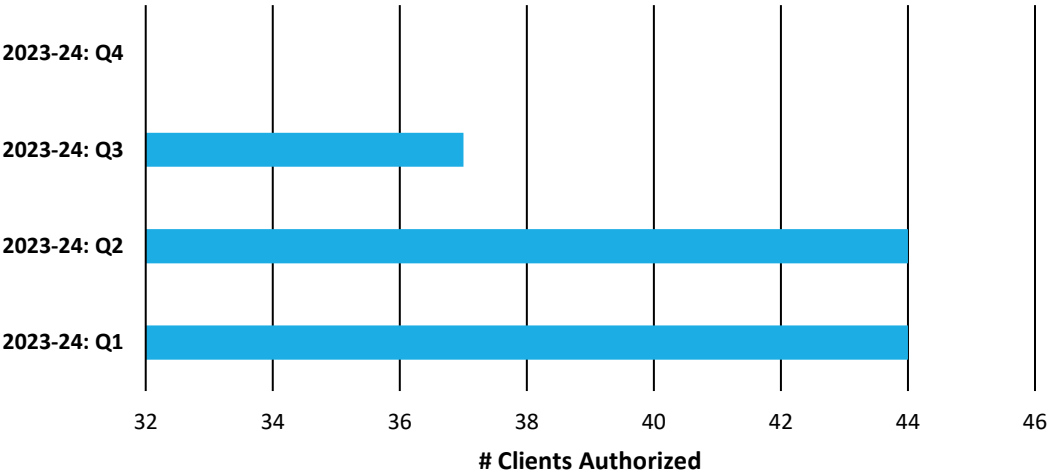| APP – Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics:					
# of total youth in MHP on Medication	Total # of youth newly prescribed an antipsychotic medication	# of youth receiving psychosocial care as 1st line treatment	Solano APP%	California APP %	National APP %
120	20	16	8o%		58.6% (2021 NCQA)

SAA - Adherence to Antipsychotic Medications for Individuals with Schizophrenia					
Total # of adults (18 yrs and older) in MHP	Total # of adults w/ Schizophrenia or schizoaffective disorder prescribed an antipsychotic medication	# of adults w/ these Thought Disorders remained on their antipsychotic medication at least 80% of treatment period	Solano SAA%	California SAA %	National SAA %
	783				59.7% (2021 NCQA)

IV. CO-OCCURRING CARE

Calls Referred to SUD Services

A bar chart titled "Calls Referred to SUD Services." The vertical axis is labeled "# of Calls Received" ranging from 32 to 46. Values: 2023-24: Q1 = 44, 2023-24: Q2 = 44, 2023-24: Q3 = 37, 2023-24: Q4 = no data.

Non-Medical SABG Services

A horizontal bar chart titled "Non-Medical SABG Services." The horizontal axis is labeled "# Clients Authorized" ranging from 32 to 46. Values: 2023-24: Q1 = 44, 2023-24: Q2 = 44, 2023-24: Q3 = 37, 2023-24: Q4 = no data.

NEW HOUSING DATA

- MHSA Housing Data
  - Quarter 2 and Quarter 3

MHSA Housing Data

Legend:
- # of Clients Rolled Over from Previous FY
- Unduplicated Service
- # of Clients Transitioned to Permanent Housing
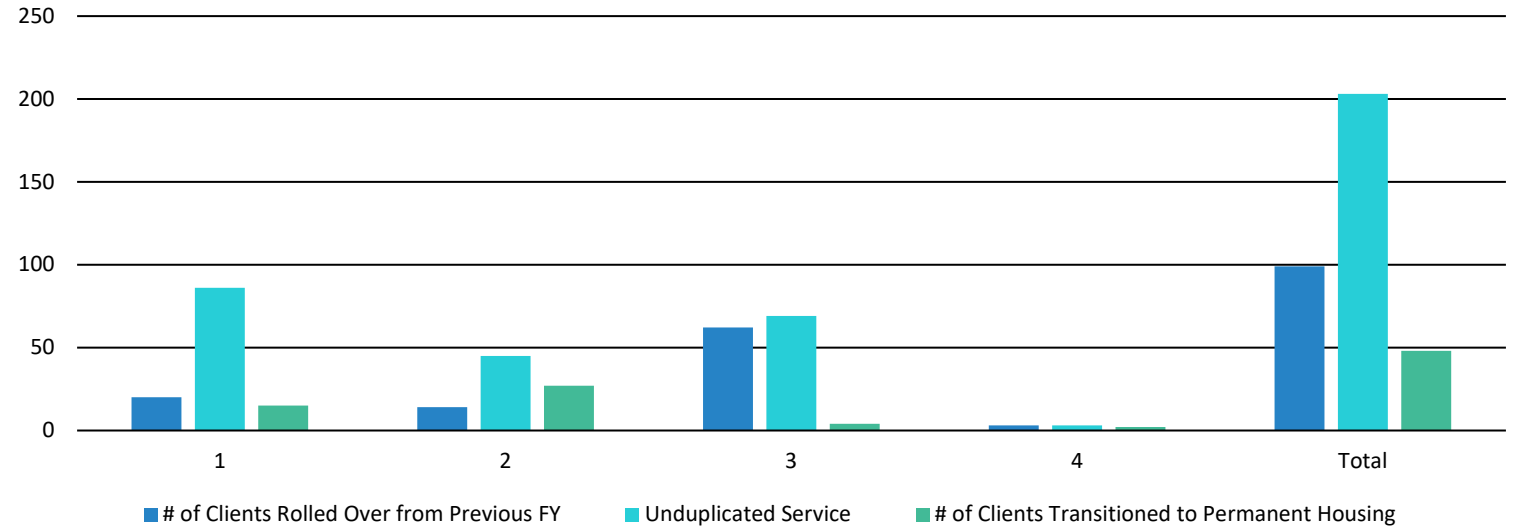
Annual Goal Percentage

Legend: 1, 2, 3, 4
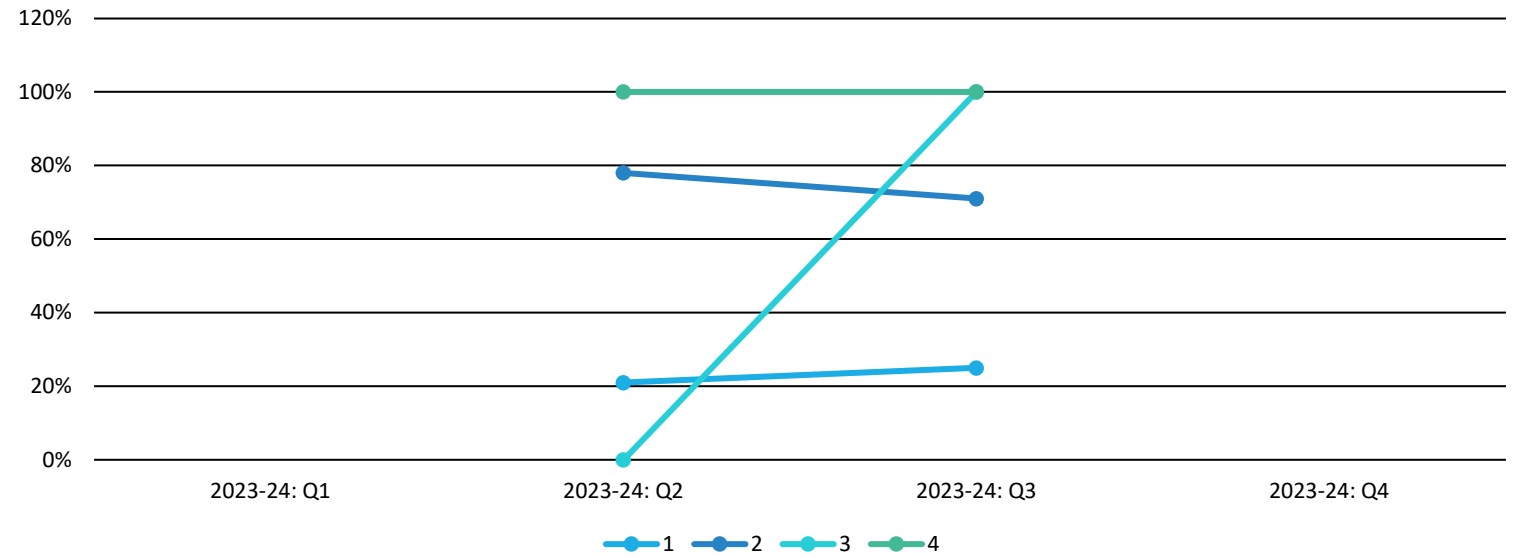
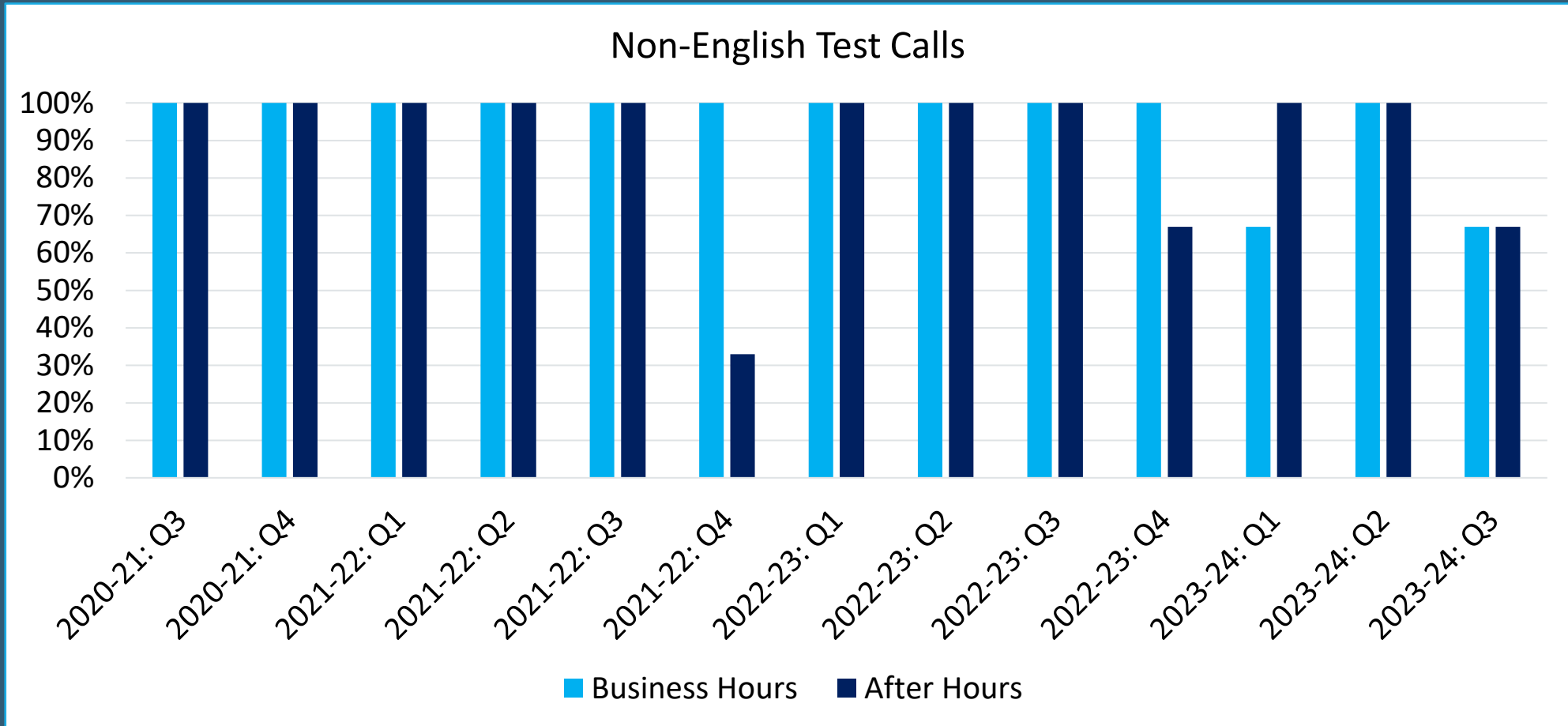# V. SERVICE ACCESS & TIMELINESS

V. SERVICE ACCESS & TIMELINESS

AG-5: Access test call performance

Goal:
1. Minimum of 4 test calls will be made per month
2. Test for language capabilities
3. Test for appropriate information provided
4. Test for appropriate logging of all calls

	Bus. Hours or After Hours	# of Test Calls	# of Test Calls that Met Standards	% of Test Calls that Met Standards	% of Test Calls that Met Standards Last Quarter
Language(s) Tested: **Spanish**	B	3	2	67%	100%
	A	3	2	67%	100%
Info provided for accessing SMHS (including getting an Ax)	B	5	4	80%	100%
	A	4	3	75%	100%
Info provided for treating an urgent condition	B	--	--	--	--
	A	1	1	100%	--
Info provided for Problem Resolution/ Fair Hearing	B	1	1	100%	100%
	A	1	1	100%	67%
Logging calls	B	6	6	100%	100%
	A	6	4	67%	67%

V. SERVICE ACCESS & TIMELINESS

Non-English Test Calls

V. SERVICE ACCESS & TIMELINESS

Accessing Services Test Calls

Business Hours After Hours

V. SERVICE ACCESS & TIMELINESS

Treating Urgent Conditions Test Calls

V. SERVICE ACCESS & TIMELINESS

Problem Resolution Test Calls

Legend: Business Hours, After Hours

V. SERVICE ACCESS & TIMELINESS

Logging of Test Calls

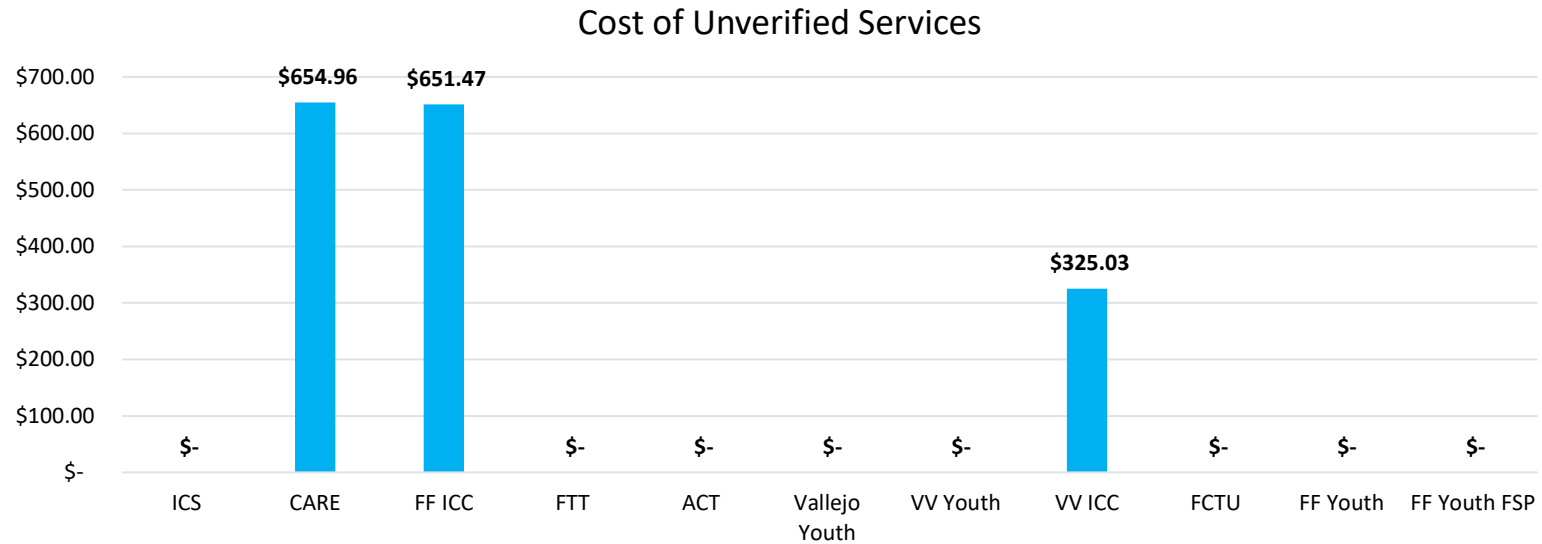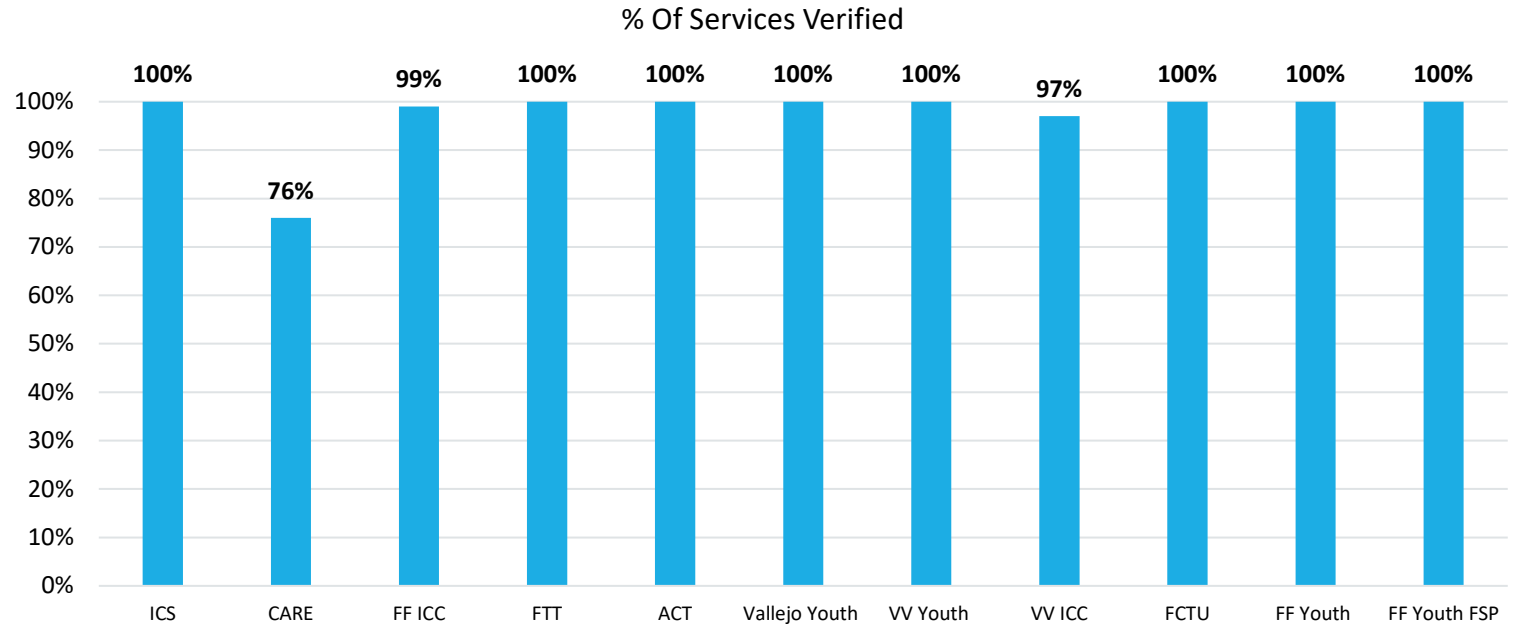■ Business Hours Logging of Call　　■ After Hours Logging of Call

VII. PROGRAM INTEGRITY
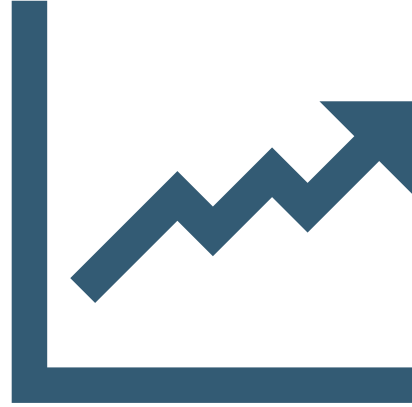
VII. PROGRAM INTEGRITY

AG-3: Service Verification

Goal: The MHP will achieve 90%-100% accountability for each service identified during the sampling period (services not verified will be repaid).

- Measurement 1: 100% of all applicable programs will participate in the Service Verification process
- Measurement 2: 90% - 100% of services will be verified during the Service Verification week (FY 23/24 baseline: 93%)

% Of Services Verified

Program	% Verified
ICS	100%
CARE	76%
FF ICC	99%
FTT	100%
ACT	100%
Vallejo Youth	100%
VV Youth	100%
VV ICC	97%
FCTU	100%
FF Youth	100%
FF Youth FSP	100%

Cost of Unverified Services

Program	Cost
ICS	$-
CARE	$654.96
FF ICC	$651.47
FTT	$-
ACT	$-
Vallejo Youth	$-
VV Youth	$-
VV ICC	$325.03
FCTU	$-
FF Youth	$-
FF Youth FSP	$-

*Vallejo ICC Data still being Processed

VIII. QUALITY IMPROVEMENT

VII. QUALITY IMPROVEMENT

AG-1: Annual Utilization Review Audits

Goal: The following processes are in place to monitor provider compliance with CalAIM and CCR Title 9 documentation standards:

1. At least 90% of UR Audit Reports will be submitted within 60 days after the audit alert period
2. At least 90% of reviewed programs requiring a CAP will submit one that meets QA standards within prescribed timelines

VII. QUALITY IMPROVEMENT

AG-1: Annual Utilization Review Audits
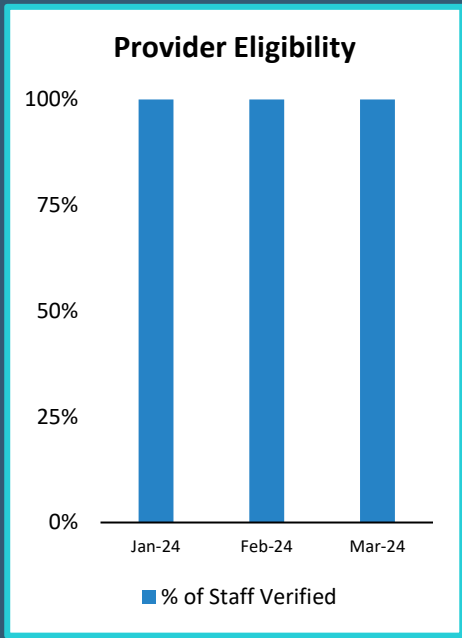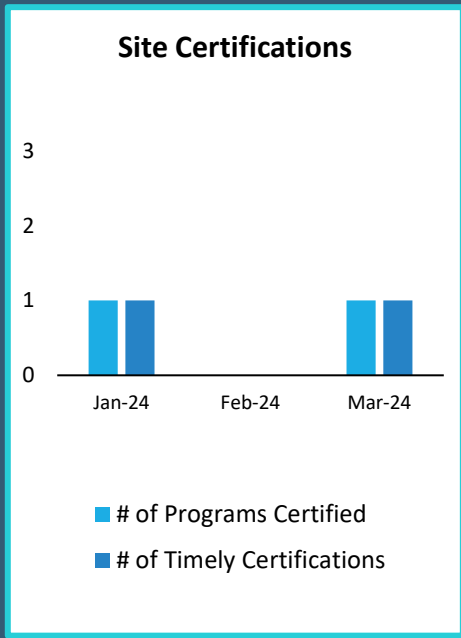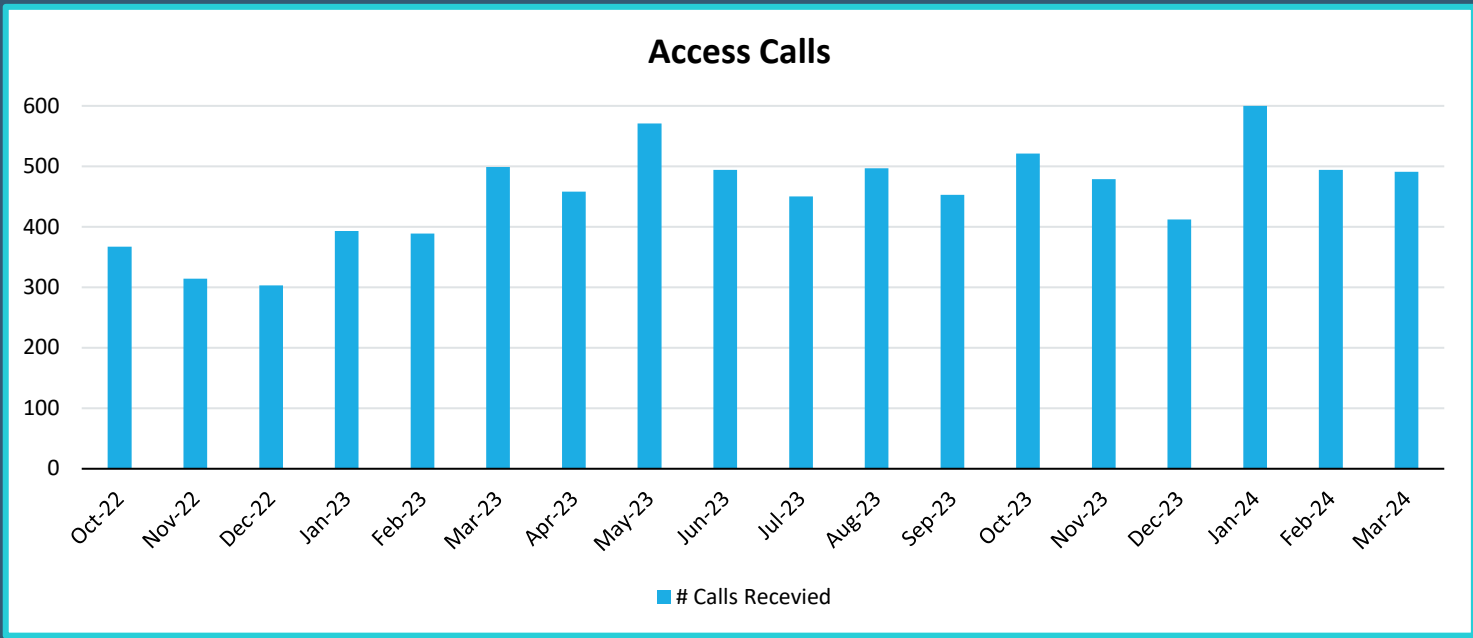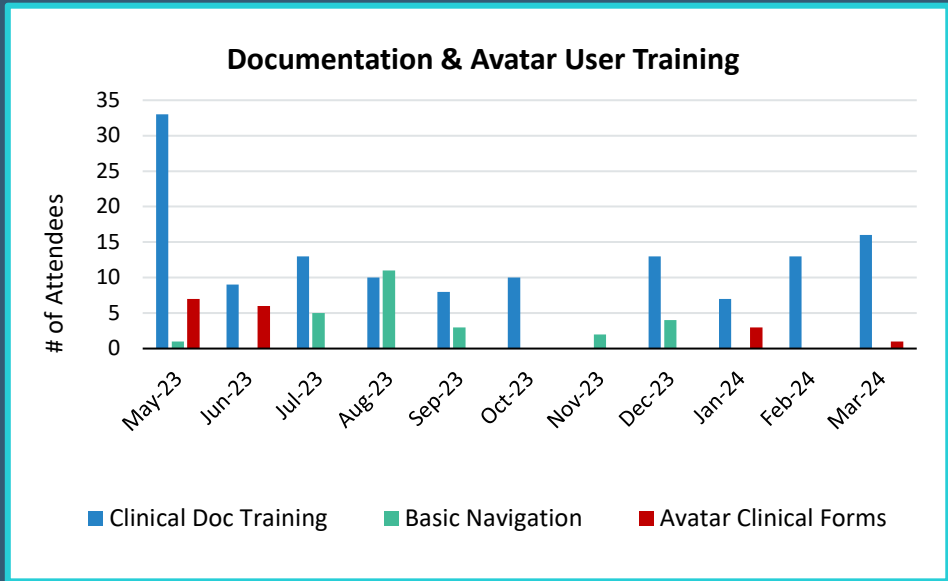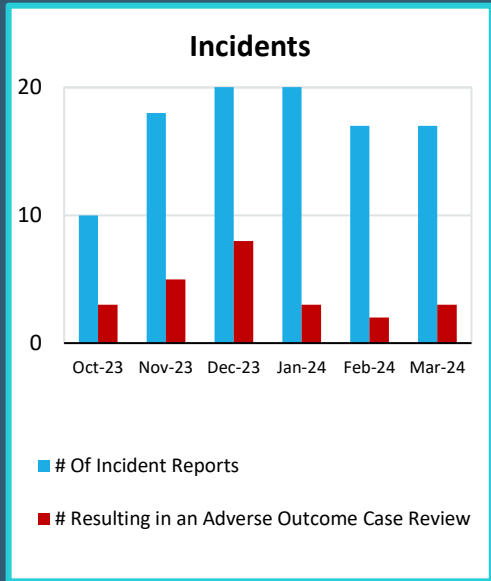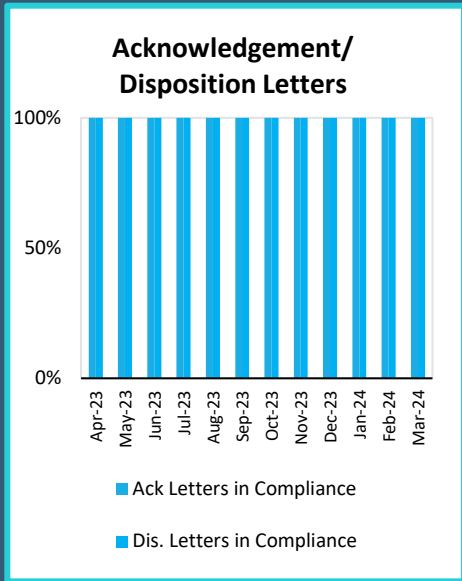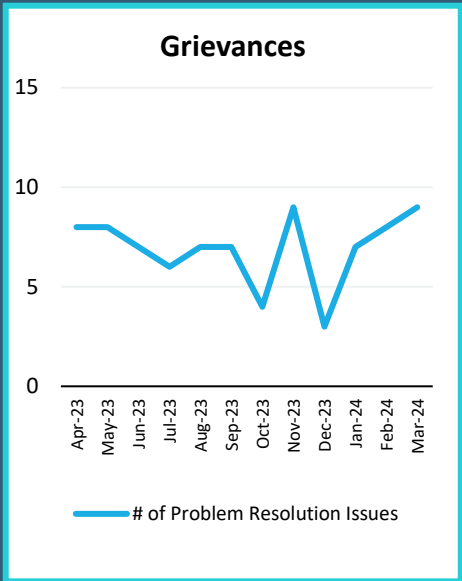
Contracted Programs

Goal: The following processes are in place to monitor provider compliance with CalAIM and CCR Title 9 documentation standards:

1. At least 90% of UR Audit Reports will be submitted within 60 days after the audit alert period
2. At least 90% of reviewed programs requiring a CAP will submit one that meets QA standards within prescribed timelines

Program	Days to Complete Report (60 days or less)	Required a CAP	Days to Submit a CAP (60 days or less)	CAP Resolution Status
Contractor A	48	Yes	60	Unresolved then Resolved
Contractor B	Pending	Yes	Pending	
Contractor C	113	Yes	56	Pending
Contractor D	Pending	Yes	Pending	
Contractor E	Pending	Yes	Pending	
Contractor F	148	Yes	11	Pending
County G	71	Yes	60	Resolved
County H	Pending			
County I	80	Yes	29	Resolved
County J	Pending			
County K	67	Yes	Pending	
County L	Pending			
County M	46	No	n/a	n/a

QUALITY IMPROVEMENT DASHBOARD

Grievances

Acknowledgement/ Disposition Letters

Incidents

Documentation & Avatar User Training

Access Calls

Site Certifications

Provider Eligibility

Pathways to Wellbeing (Katie A. Subclass)

Bar chart with axis 0 to 120:
- # Referred to MHP
- # Assessed & Referred for Services
- # of Clients Identified as Katie A. Subclass
- # of Clients Who Received a CFT Meeting
- # of Clients Who Declined Services
- # of Clients AWOL
- # of Clients Awaiting Response
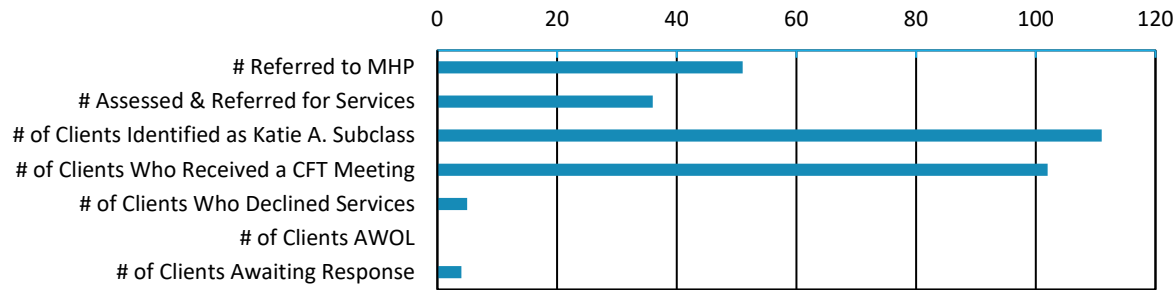
Pathways to Wellbeing (Non-Subclass)

Legend: County (blue), CBO (red)

Categories (axis 0 to 70):
- # of Pathways Clients Identified
- % of Clients Offered ICC Services
- Accepted
- % Accepting ICC Who Are Assigned an ICC…
- % For Whom a CFT Meeting Occurred or is Scheduled
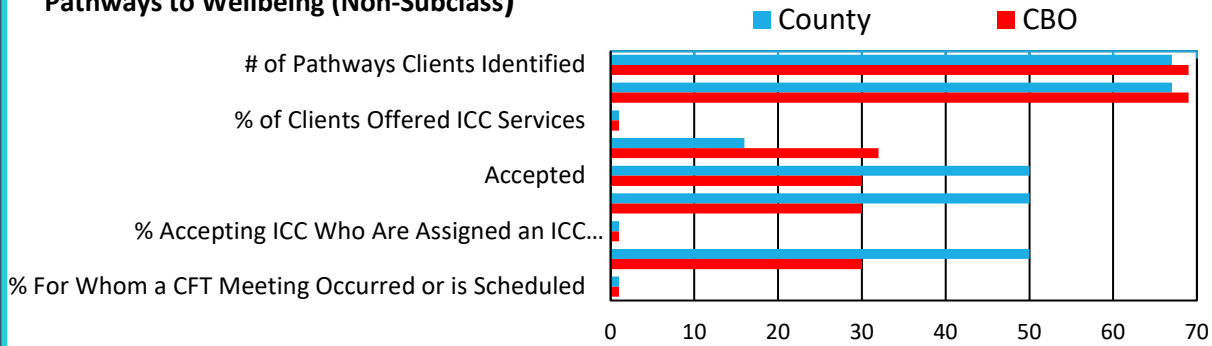
Compliance Training (# of Staff in Attendance)

Legend: # of Staff in Attendance (Jan-24: 18, Feb-24: 8, Mar-24: 14)

of Compliance Communications

Legend: # of Compliance Communications (Jan-24: 1, Feb-24: 3, Mar-24: 1)
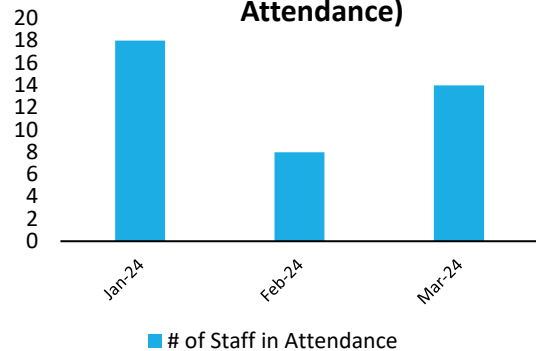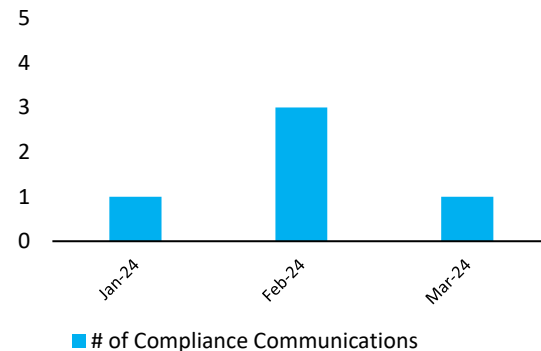
Youth Medication Monitoring

Quarter 3

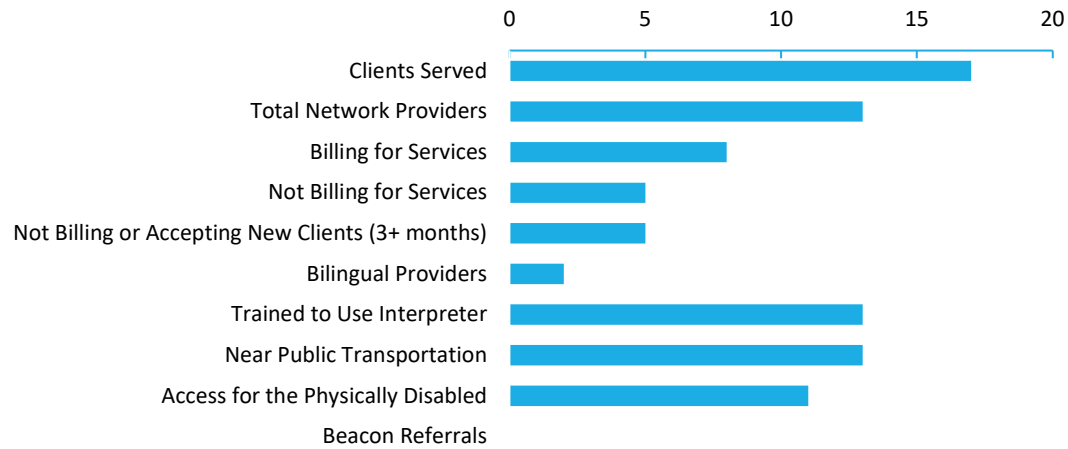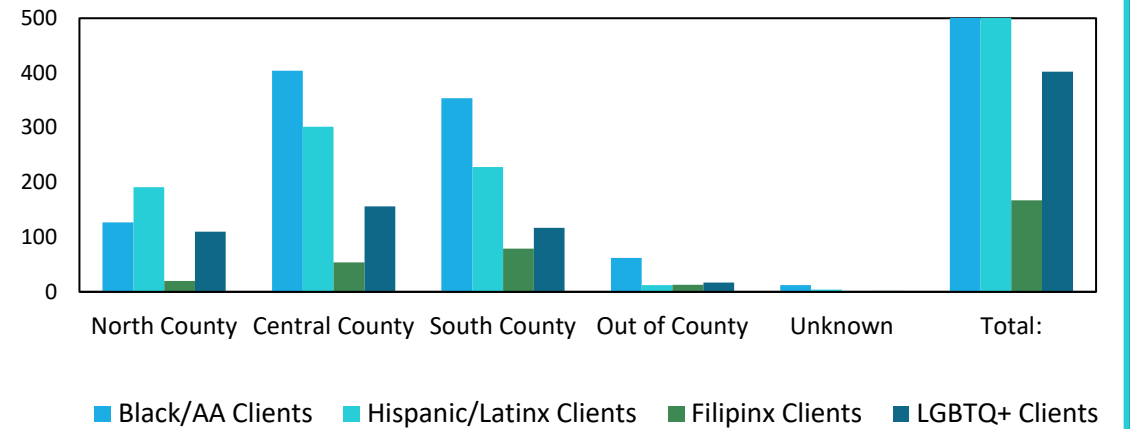| Population	# of Youth on 1 or More Psychotropic RX	# of Youth Age 0-5 on More Than 1 Psychotropic RX	# of Youth Age 6-11 on More Than 2 Psychotropic RX	# of Youth Age 12-17 on More Than 3 Psychotropic RX	# of Youth on 2 or More Antipsychotic RX
Foster Youth	0	0	0	0	0
Non-Foster Youth	9	0	4	5	0
Totals	9	0	4	5	0

Managed Care Provider Network

Chart categories (with values):
- Clients Served: ~17
- Total Network Providers: ~13
- Billing for Services: ~8
- Not Billing for Services: ~5
- Not Billing or Accepting New Clients (3+ months): ~5
- Bilingual Providers: ~2
- Trained to Use Interpreter: ~13
- Near Public Transportation: ~13
- Access for the Physically Disabled: ~11
- Beacon Referrals

Regional Utilization by Cultural Group

Legend: Black/AA Clients, Hispanic/Latinx Clients, Filipinx Clients, LGBTQ+ Clients

Regions: North County, Central County, South County, Out of County, Unknown, Total:

Total Utilization by Cultural Group

Legend: Black/ AA Clients, Hispanic/ Latinx Clients, Filipinx Clients, LGBTQ+ Clients

X-axis: 2021-22: Q1, 2021-22: Q2, 2021-22: Q3, 2021-22: Q4, 2022-23:Q1, 2022-23:Q2, 2022-23:Q3, 2022-23:Q4, 2023-24:Q1, 2023-24:Q2, 2023-24:Q3
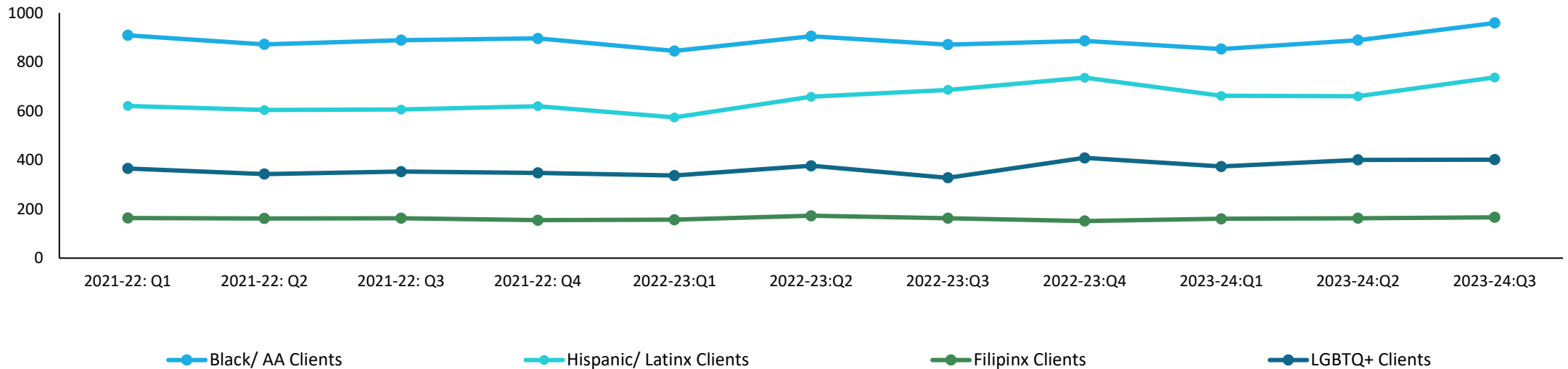
NEXT MEETING:

Quality Improvement Committee
FY 2023-2024: Quarter 4
Thursday August 8, 2024
1:30pm – 3:30pm

Solano County Behavioral Health
Quality Assurance
(707) 784-8323

QualityAssurance@SolanoCounty.com